
APALACHEE CORRECTIONAL INSTITUTION- WEST UNIT



September 16-18, 2025

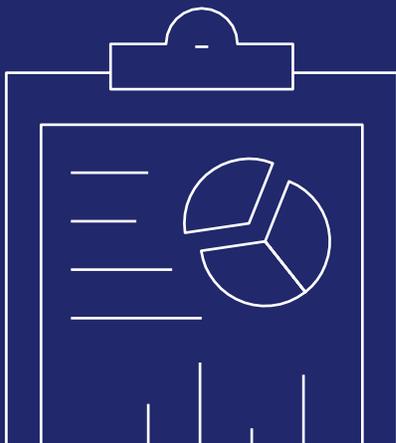
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BACKGROUND AND SCOPE

The Correctional Medical Authority (CMA) is required, per § 945.6031(2) F.S., to conduct triennial surveys of the physical and mental health care systems at each correctional institution and report survey findings to the Secretary of Corrections. The process is designed to assess whether inmates in Florida Department of Corrections (FDC) institutions can access medical, dental, and mental health care and to evaluate the clinical adequacy of the resulting care.

The goals of institutional surveys are:

- 1) to determine if the physical, dental, and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large.
- 2) to promote ongoing improvement in the correctional system of health services; and,
- 3) to assist the Department in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining whether:

- Inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care
- Inmates receive adequate and appropriate mental health screening, evaluation, and classification
- Inmates receive complete and timely orientation on how to access physical, dental, and mental health services
- Inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning
- Inmates receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate
- Inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices
- Inmates have access to timely and appropriate referral and consultation services
- Psychotropic medication practices are safe and effective
- Inmates are free from the inappropriate use of restrictive control procedures
- There is sufficient documentation exists to provide a clear picture of the inmate's care and treatment
- There are enough qualified staff to provide adequate treatment

METHODOLOGY

During a multi-day site visit, the CMA employs a standardized monitoring process to evaluate the quality of physical and mental health services provided at this institution, identify significant deficiencies in care and treatment, and assess institutional compliance with FDC's policies and procedures.

This process consists of:

- Information gathering prior to monitoring visit (Pre-survey Questionnaire)
- On-site review of clinical records and administrative documentation
- Institutional tour
- Inmate and staff interviews

The CMA contracts with a variety of licensed community and public health care practitioners including physicians, psychiatrists, dentists, nurses, psychologists, and other licensed mental health professionals to conduct these surveys. CMA surveyors utilize uniform survey tools, based on FDC's Office of Health Services (OHS) policies and community health care standards, to evaluate specific areas of physical and mental health care service delivery. These tools assess compliance with commonly accepted policies and practices of medical record documentation.

The CMA employs a record selection methodology using the Raosoft Calculation method. This method ensures a 15 percent margin of error and an 80 percent confidence level. Records are selected in accordance with the size of the clinic or assessment area being evaluated.

Compliance scores are calculated by dividing the sum of all yes responses by the sum of all yes and no responses (***rating achieved/possible rating***) and are expressed as a percentage. Institutional tours and systems evaluations are scored as compliant or non-compliant. Individual screens with a compliance percentage below 80%, as well as tour and systems requirements deemed non-compliant will require completion of the CMA's corrective action process (CAP) and are highlighted in red.

Apalachee Correctional Institution West Unit (ACI West) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1 and 2, and psychology (S) grades 1, and 2. ACI West consists of a Main Unit.¹

Institutional Potential and Actual Workload

West Unit Capacity	680	West Unit Census	706
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	680	Total Current Census	706

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	417	276	20	0	3	0	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			Impaired
	1	2	3	4	5	6	Impaired
	665	51	0	N/A	N/A	N/A	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	0	0	0	0	0	0

¹ Demographic and staffing information were obtained from the Pre-survey Questionnaire.

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
Registered Nurse	4	0
Licensed Practical Nurse	4	0
DON/Nurse Manager	1	0
Dentist	1	0
Dental Assistant	1	0
Dental Hygienist	1	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	0	0
Psychological Services Director	1	0
Psychologist	0	0
Mental Health Professional	1	0
Aftercare Coordinator	0	0
Activity Technician	0	0
Mental Health Nurse	0	0

APALACHEE CORRECTIONAL INSTITUTION WEST UNIT

The CMA conducted a thorough review of the medical, mental health, and dental systems at ACI West on September 16-18, 2025. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Detailed below are results from the institutional survey of ACI West. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen.

Survey Findings Summary			
Physical Health Survey Findings	7	Mental Health Survey Findings	4

Physical Health Survey Findings

Chronic Illness Clinics

Cardiovascular Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	17	17	0	0	100%
2 Annual laboratory work is completed as required	17	16	1	0	94%
3 Abnormal labs are reviewed and addressed in a timely manner	10	10	0	7	100%
4 Inmates with cardiovascular disease are prescribed low-dose aspirin if indicated	5	5	0	12	100%
5 Medications appropriate for the diagnosis are prescribed	17	17	0	0	100%
6 Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	17	N/A
Overall Compliance Score 99%					

Endocrine Clinic Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	14	14	0	0	100%
2	Annual laboratory work for diabetic inmates is completed as required	12	12	0	2	100%
3	Annual laboratory work for inmates with thyroid disorders is completed as required	3	3	0	11	100%
4	Abnormal labs are reviewed and addressed in a timely manner	14	14	0	0	100%
5	A dilated fundoscopic examination is completed yearly for diabetic inmates	7	3	4	7	43%
6	Inmates with HgbA1c over 8% are seen at least every 90 days	12	12	0	2	100%
7	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	12	12	0	2	100%
8	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE or ARB therapy unless contraindicated	12	12	0	2	100%
9	Medications appropriate for the diagnosis are prescribed	14	14	0	0	100%
10	Inmates receive insulin as prescribed	6	6	0	8	100%
11	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	14	N/A
Overall Compliance Score 94%						

Gastrointestinal Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	13	13	0	0	100%
2 Annual laboratory work is completed as required	13	13	0	0	100%
3 Abnormal labs are reviewed and addressed in a timely manner	13	13	0	0	100%
4 Medications appropriate for the diagnosis are prescribed	2	2	0	11	100%
5 There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	13	13	0	0	100%
6 Abdominal ultrasounds are completed at the required intervals	13	13	0	0	100%
7 Inmates with chronic hepatitis receive liver function tests at the required intervals	13	13	0	0	100%
8 Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	13	N/A
9 Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	13	N/A
10 Hepatitis C treatment is started within the appropriate time frame	0	0	0	13	N/A
11 Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	13	N/A
12 Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	13	N/A
Overall Compliance Score 100%					

General Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Record	YES	NO	N/A	
1 Inmates are enrolled in all clinics appropriate to their diagnoses	14	14	0	0	100%
2 At each clinic visit there will be an evaluation as to the control of the disease and patient status	14	14	0	0	100%
3 Appropriate patient education is provided	14	14	0	0	100%
4 Inmates are seen at intervals required for their M-grade or at intervals specified by the clinician	14	14	0	0	100%
5 There is evidence labs are available to the clinician prior to the visit and are reviewed	14	14	0	0	100%
6 There is evidence of pneumococcal vaccination or refusal	13	13	0	1	100%
7 There is evidence of influenza vaccination or refusal	12	12	0	2	100%
Overall Compliance Score 100%					

Immunity Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is a diagnosis of Human Immunodeficiency Virus (HIV)	15	15	0	0	100%
2	The on-site medical provider reviews the Department of Health (DOH) documentation	15	15	0	0	100%
3	There is evidence of an appropriate physical examination	15	15	0	0	100%
4	Laboratory and imaging studies are completed as recommended by the DOH provider	15	15	0	0	100%
5	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	0	0	0	15	N/A
6	The inmate is receiving HIV medication(s) as prescribed	4	4	0	11	100%
7	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	1	0	1	14	0%
8	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	15	N/A
Overall Compliance Score 83%						

Miscellaneous Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	4	4	0	0	100%
2 Medications appropriate for the diagnosis are prescribed	4	4	0	0	100%
3 Abnormal labs are reviewed and addressed in a timely manner	3	3	0	1	100%
4 Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	4	N/A
Overall Compliance Score 100%					

Neurology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	6	6	0	0	100%
2 Annual laboratory work is completed as required	6	6	0	0	100%
3 Abnormal labs are reviewed and addressed in a timely manner	4	4	0	2	100%
4 Medications appropriate for the diagnosis are prescribed	6	6	0	0	100%
5 Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	6	N/A
Overall Compliance Score 100%					

Oncology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	3	3	0	0	100%
2 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	3	3	0	0	100%
3 Annual laboratory work is completed as required	3	3	0	0	100%
4 Abnormal labs are reviewed and addressed in a timely manner	3	3	0	0	100%
5 Medications appropriate for the diagnosis are prescribed	2	2	0	1	100%
6 Oncological treatments are received as prescribed	0	0	0	3	N/A
7 Referrals to a specialist for more in-depth treatment are made as indicated	0	0	0	3	N/A
Overall Compliance Score 100%					

Respiratory Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	11	11	0	0	100%
2	Pulmonary function testing is completed as indicated	11	11	0	0	100%
3	Medications appropriate for the diagnosis are prescribed	11	11	0	0	100%
4	Inmates with moderate to severe reactive airway disease are on anti-inflammatory medication unless contraindicated	10	10	0	1	100%
5	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	11	N/A
Overall Compliance Score 100%						

Tuberculosis Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Documentation of the Chronic Illness Clinic (CIC) visits include an appropriate physical examination	8	8	0	0	100%
2	There is evidence a chest X-ray (CXR) was completed	8	8	0	0	100%
3	There is evidence of initial and ongoing education	8	8	0	0	100%
4	There is evidence of monthly nursing follow-ups	5	5	0	3	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	7	7	0	1	100%
6	AST and ALT tests are repeated as ordered by the clinician	8	8	0	0	100%
7	CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	8	N/A
8	Inmates with adverse reactions to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	8	N/A
9	The appropriate medication regimen is prescribed	5	5	0	3	100%
10	Inmates receive medications as prescribed	5	5	0	3	100%
11	Inmates are seen by the clinician at the completion of therapy	2	2	0	6	100%
12	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	8	N/A
Overall Compliance Score 100%						

Episodic Care

Emergency Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Potentially life-threatening conditions are responded to immediately	9	9	0	9	100%
2 Assessments appropriate to the complaint/condition are performed on the appropriate nursing protocol and completed in its entirety	18	17	1	0	94%
3 Vital signs including weight are documented	18	14	4	0	78%
4 There is evidence of appropriate and applicable patient education	18	18	0	0	100%
5 Findings requiring clinician notification are made in accordance with protocols	12	12	0	6	100%
6 Verbal orders received from the clinician are noted and carried out timely	12	11	1	6	92%
7 Follow-up visits are completed in a timely manner	5	5	0	13	100%
8 Provider's orders from the follow-up visit are completed as required	4	4	0	14	100%
9 Appropriate documentation is completed for inmates requiring transport to a local emergency room	0	0	0	18	N/A
10 The disposition of inmates upon return to the institution is clinically appropriate given the seriousness of the emergency	0	0	0	18	N/A
Overall Compliance Score 95%					

Emergency Services Discussion:

Screen 3: In four records, the inmate's weight was not documented.

Outpatient Infirmary Care

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Clinician's orders specify whether inmates are admitted into the infirmary or placed on observation status. Admission status is appropriate for the presenting complaint/condition	11	11	0	0	100%
2	All orders are received and implemented	11	10	1	0	91%
3	Inmates are evaluated within one hour of being placed on observation status	11	11	0	0	100%
4	Evaluations are documented at least once every eight hours	11	7	4	0	64%
5	Weekend and holiday clinician phone rounds are completed and documented as required	3	3	0	8	100%
6	Inmates are discharged within 23 hours or admitted to the infirmary for continued care	11	11	0	0	100%
7	Discharge notes containing all of the required information are completed as required	8	8	0	3	100%
Compliance Percentage 94%						

Inpatient Infirmary Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether inmates are admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	6	6	0	0	100%
2 All orders are received and implemented	6	4	2	0	67%
3 Thorough nursing assessments are completed within two hours of admission	6	6	0	0	100%
4 Morse Fall Scales are completed at the required intervals	6	5	1	0	83%
5 Nursing assessments are completed at the required intervals	5	5	0	1	100%
6 All long-term care admissions are weighed weekly and fluctuations in weight are reported to the provider	2	2	0	4	100%
7 Clinician rounds are completed and documented as required	5	5	0	1	100%
8 Weekend and holiday clinician phone rounds are completed and documented as required	2	1	1	4	50%
9 Nursing discharge notes containing all of the required information are completed as required	5	5	0	1	100%
10 Discharge summaries are completed by the clinician within 72 hours of discharge	5	5	0	1	100%
Overall Compliance Score 90%					

Inpatient Infirmary Care Discussion:

Screen 2: In the first record, the inmate was admitted due to an asthma exacerbation. The attending clinician ordered vital signs to be taken every eight hours, as well as blood pressure and pulse to be taken laying down and sitting up. However, this information was not documented at the required intervals. In the second record, the attending clinician ordered vital signs to be recorded at every shift. However, the data was not documented as instructed.

Sick Call Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Sick call requests are appropriately triaged based on the complaint or condition	18	18	0	0	100%
2 Inmates are assessed in the appropriate time frame	18	18	0	0	100%
3 Nursing assessments are completed in their entirety	18	18	0	0	100%
4 Complete vital signs including weight are documented	18	18	0	0	100%
5 There is evidence of applicable patient education	18	18	0	0	100%
6 Findings requiring clinician notification are made in accordance with protocols	4	4	0	14	100%
7 Verbal orders received from the clinician are noted and carried out timely	1	1	0	17	100%
8 Follow-up visits are completed in a timely manner	5	5	0	13	100%
9 Clinician orders from the follow-up visit are completed as required	5	5	0	13	100%
Overall Compliance Score 100%					

Other Medical Records Review

Consultations

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Consultations are requested in an appropriate time frame and the clinical information is sufficient to obtain the needed consultation	12	12	0	0	100%
2 Referrals are processed in a timely manner	11	11	0	1	100%
3 Consultations are completed in a timely manner as dictated by the clinical needs of the inmate	11	3	8	1	27%
4 The provider monitors inmates weekly to determine deterioration or status change	6	5	1	6	83%
5 Consultation reports are reviewed by the clinician in a timely manner	9	9	0	3	100%
6 The consultant's treatment recommendations are incorporated into the treatment plan	9	9	0	3	100%
7 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	9	9	0	3	100%
8 Alternative treatment plans (ATP) are documented in the medical record	1	1	0	11	100%
9 There is evidence that the ATPs are implemented	1	1	0	11	100%
Overall Compliance Score 90%					

Consultation Services Discussion:

Screen 3: Department policy requires that urgent consultations be completed within 14 business days.

- In the first record, the general surgery consultation for evaluation of a non-reducible, non-incarcerated inguinal hernia was requested 1/2/25 and completed 2/26/25.
- In the second record, an orthopedic consultation for osteomyelitis of the foot was requested 1/8/25 and completed 1/31/25.
- In the third record, a neurological evaluation for intractable seizures was requested on 11/25/24 and completed 2/26/25.
- In the fourth record, the oncologist was consulted for a patient with adenocarcinoma on 6/18/25. The appointment was not completed until 7/24/25.

Department policy requires that routine consultations be completed within 45 calendar days.

- In the fifth record, an endocrinology appointment was requested on 3/11/25 and remained pending at the time of the survey.

- In the sixth record, an ophthalmology consultation was requested for the evaluation of cataracts on 9/18/24 and completed 7/18/25.
- In the seventh record, a neurology consultation following complaints of pseudo-seizures was ordered on 6/20/25 but not completed until 10/7/25.
- In the eighth record, an ENT consultation to evaluate oral lesions was requested 3/20/25 and completed 8/18/25.

Medical Inmate Grievances

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the grievance forms regarding medical or dental health care are present in the electronic health record	8	8	0	0	100%
2 The identified requests are responded to within 15 calendar days from the date of receipt	8	8	0	0	100%
3 Documentation is completed in a SOAP note format	8	8	0	0	100%
4 The responses, resolutions, or clinical dispositions are appropriate	8	8	0	0	100%
Overall Compliance Score 100%					

Medical Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Copies of the inmate request form are present in the electronic health record	18	18	0	0	100%
2 Requests are responded to within the appropriate time frame	18	18	0	0	100%
3 Responses are direct, address the stated need and are clinically appropriate	18	15	3	0	83%
4 Follow-up to the requests occur as intended	3	3	0	15	100%
Overall Compliance Score 96%					

Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Inmates receive medications as prescribed	11	10	1	1	91%
2 Allergies are listed on the medication record (MAR) or the medication page in the EMR	12	12	0	0	100%
3 Counseling for medication non-compliance is provided for inmates who miss medication doses (3 consecutive or 5 doses within one month)	3	3	0	9	100%
Overall Compliance Score 97%					

Intra-System Transfers

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	18	18	0	0	100%
2	Vital signs are documented on the DC4-760A or progress notes	18	18	0	0	100%
3	Medications reflect continuity of care.	12	12	0	6	100%
4	The medical record reflects continuity of care for pending consultations	6	6	0	12	100%
5	The medical record reflects continuity of care for pending chronic illness clinic appointments	9	9	0	9	100%
6	Referrals, interventions or dispositions are appropriate for inmates who report a current medical, dental or mental health complaint	1	1	0	17	100%
7	Special passes/therapeutic diets are reviewed and continued	4	4	0	14	100%
8	A clinician reviews the health record and DC4-760A within seven days of arrival	18	17	1	0	94%
Overall Compliance Score 99%						

Periodic Screenings

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Periodic screening encounters are completed within one month of the due date	15	15	0	0	100%
2	Screenings include documentation of vital signs and appropriate follow-up	15	15	0	0	100%
3	Screenings are completed in their entirety	15	15	0	0	100%
4	All diagnostic tests are completed within 28 days prior to the periodic screening encounter	15	15	0	0	100%
5	Referrals to a clinician occur if indicated	3	3	0	12	100%
6	All applicable health education is provided	15	15	0	0	100%
Overall Compliance Score 100%						

PREA

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The Alleged Sexual Battery Protocol is completed in its entirety	1	1	0	0	100%
2	There is documentation that the alleged victim was provided education on sexually transmitted infections (STI)	0	0	0	1	N/A
3	Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	1	N/A
4	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	1	N/A
5	Repeat STI testing is completed as required	0	0	0	1	N/A
6	Mental health referrals are submitted following the completion of the medical screening	1	1	0	0	100%
7	Inmates are evaluated by mental health by the next working day	1	1	0	0	100%
8	Inmates receive additional mental health care if they ask for continued services or the services are clinically indicated	0	0	0	1	N/A
Overall Compliance Score 100%						

Dental Review

Dental Care

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Allergies are documented in the EMR	18	18	0	0	100%
2	There is evidence of a regional head and neck examination completed at required intervals	18	18	0	0	100%
3	Dental appointments are completed in a timely manner	5	5	0	13	100%
4	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	5	5	0	13	100%
5	There is evidence of an accurate diagnosis and treatment plan based on a complete dental examination	16	16	0	2	100%
6	There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	5	5	0	13	100%
7	Sick call appointments are completed in a timely manner	13	13	0	5	100%
8	Follow-up appointments for sick call or other routine care are completed in a timely manner	7	7	0	11	100%
9	Consultations or specialty services are completed in a timely manner	4	4	0	14	100%
10	Consultant's treatment recommendations are incorporated into the treatment plan	4	4	0	14	100%
11	There is evidence of informed consent or refusal for extractions and/or endodontic care	13	13	0	5	100%
12	The use of dental materials including anesthetic agent are accurately documented	13	13	0	5	100%
13	Applicable patient education for dental services is provided	18	18	0	0	100%
Overall Compliance Score 100%						

Dental Systems

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The dental program is under the direction and supervision of a licensed dentist and staff are appropriately credentialed and working within their scope of practice	1	0	0	100%
2	Appropriate personal protective equipment is available to staff and worn during treatment	1	0	0	100%
3	The autoclave is tested appropriately, and the autoclave log is maintained and up to date	1	0	0	100%
4	Sharps containers are available and properly utilized	1	0	0	100%
5	Biohazardous waste is properly disposed	1	0	0	100%
6	X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed	1	0	0	100%
7	Dental instruments and equipment are properly sterilized	1	0	0	100%
8	Prosthetic devices are appropriately disinfected between patients	1	0	0	100%
9	A perpetual medications log is available, current, complete, and verified quarterly	1	0	0	100%
10	The senior dentist checks and documents the expiration dates of emergency kit drugs on a monthly basis	1	0	0	100%
11	Dental assistants work within the guidelines established by the Board of Dentistry	1	0	0	100%
12	Necessary equipment is available, adequate, and in working order.	1	0	0	100%
13	The dental clinic is a clean, orderly, adequately lit room with sufficient space for privacy	1	0	0	100%

Overall Compliance Score 100%

Mental Health Survey Findings

Self-Injury and Suicide Prevention

Self-Injury and Suicide Prevention

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Thorough clinical assessments are completed prior to placement on Self Harm Observation Status (SHOS)	7	7	0	0	100%
2	Nursing evaluations are completed within two hours of admission	7	7	0	0	100%
3	A medical provider completes a history and physical for every SHOS/Mental Health Observation Status (MHOS) admission	7	0	7	0	0%
4	Guidelines for SHOS management are observed	7	6	1	0	86%
5	SHOS infirmery orders contain required components, and are received and implemented accordingly	7	5	2	0	71%
6	Inmates on SHOS are observed at the frequency ordered by the clinician	7	4	3	0	57%
7	Nursing evaluations are completed once per shift	7	7	0	0	100%
8	There is evidence of daily rounds by the attending clinician	7	7	0	0	100%
9	There is evidence of daily counseling provided by mental health staff	7	7	0	0	100%
10	There is evidence of face-to-face evaluations by the clinician prior to discharge	7	6	1	0	86%
11	Within 72 hours of discharge, DC4-657 Discharge Summary for Inpatient Mental Health Care is completed	7	7	0	0	100%
12	There is evidence of adequate post-discharge follow-up by mental health staff	7	7	0	0	100%
13	Individualized Services Plans (ISP) are revised within 14 days of discharge	2	2	0	5	100%
14	Potential changes needed in inmates' care are addressed as clinically indicated	0	0	0	7	N/A

Overall Compliance Score 85%

Self-Injury and Suicide Prevention Discussion:

Screen 3: In the deficient records, there was no history and physical documented by the attending clinician.

Screen 5: In two records, the orders did not specify activity level, the frequency of vital signs, and the intervals of required safety observations.

Access To Mental Health Services

Psychological Emergency

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Mental health emergencies are declared by the inmate, a staff member, or another inmate and an immediate response is documented	9	9	0	0	100%
2	If the emergency involved physical harm to the inmate, the appropriate nursing protocols are completed in their entirety	0	0	0	9	N/A
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	9	9	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	9	9	0	0	100%
5	Thorough mental status examinations are completed	9	8	1	0	89%
6	Appropriate interventions are made as indicated by presentation	9	9	0	0	100%
7	Dispositions are clinically appropriate	9	9	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	5	5	0	4	100%
Overall Compliance Score 98%						

Mental Health Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	Copies of the inmate request form are present in the electronic health record	11	11	0	0	100%
2	Identified requests are responded to within the appropriate time frame	11	11	0	0	100%
3	Responses to the identified requests are direct, addresses the stated need, and are clinically appropriate	11	11	0	0	100%
4	Follow-up to the requests occur as intended	8	8	0	3	100%
5	Consents for treatment are obtained prior to conducting an interview	8	8	0	3	100%
Overall Compliance Score 100%						

Outpatient Mental Health Services

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Valid consent forms are completed prior to the initiation of mental health treatment	14	14	0	0	100%
2	Inmates are assigned to a Behavioral Health Specialist (BHS) within three business days of arrival, or upon assignment to an S-grade requiring mental health treatment	14	14	0	0	100%
3	Inmates are interviewed by mental health staff within 14 days of arrival	14	14	0	0	100%
4	Documentation includes assessment of mental status, the status of mental health problems, and an Individualized Service Plan (ISP) update	14	14	0	0	100%
5	If mental health services are initiated at this institution, the initial Bio-psychosocial (BPSA) and ISP are completed within 30 days	0	0	0	14	N/A
6	BPSAs are present in the records	14	14	0	0	100%
7	ISPs are individualized and addresses all required components	14	14	0	0	100%
8	ISPs are behaviorally written and specifically individualized to reflect each inmate's unique needs, strengths, and limitations	14	14	0	0	100%
9	ISP goals specify target behaviors and measurement criteria	14	14	0	0	100%

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
10	ISPs specify the type and frequency of interventions and the staff responsible for providing the interventions	14	14	0	0	100%
11	ISPs are signed by the inmate and all members of the treatment team	14	14	0	0	100%
12	ISPs are reviewed and revised at least every 180 days	14	14	0	0	100%
13	Qualifying events are addressed on the ISP	0	0	0	14	N/A
14	Case management is provided every 30 days to S3 inmates with psychotic disorders	0	0	0	14	N/A
15	Case management is provided at least every 60 days for inmates without psychotic disorders	14	14	0	0	100%
16	Individual counseling is provided at the required intervals or as specified in the ISP	14	14	0	0	100%
17	Frequency of clinical contacts is sufficient	14	14	0	0	100%
Overall Compliance Score 100%						

Institutional Systems Tour

Medical Area

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 All triage, examination, and treatment rooms are adequately sized, clean, and organized	1	0	0	100%
2 Hand washing facilities are available	1	0	0	100%
3 Personal protective equipment for universal precautions is available	1	0	0	100%
4 Appropriate emergency medications, equipment and supplies are readily available	1	0	0	100%
5 Medical equipment (e.g. oxygen, IV bags, suture kits, exam light) is easily accessible and adequately maintained	1	0	0	100%
6 Adequate measures are taken to ensure inmate privacy and confidentiality during treatment and examinations	1	0	0	100%
7 Secured storage is utilized for all sharps/needles	1	0	0	100%
8 Eye wash stations are strategically placed throughout the medical unit	1	0	0	100%
9 Biohazardous storage bins for contaminated waste are labeled and placed throughout the medical unit	1	0	0	100%
10 There is a current and complete log for all medical refrigerators	1	0	0	100%
Compliance Percentage 100%				

Infirmary

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 The infirmary is adequately sized, well lit, clean and organized	1	0	0	100%
2 Privacy shields or curtains are available for infirmary beds	1	0	0	100%
3 Infirmary beds are within sight or sound of staff	1	0	0	100%
4 Restrooms are clean, operational and equipped for handicap use	1	0	0	100%
5 Medical isolation room(s) have negative air pressure relative to other parts of the facility	1	0	0	100%
Compliance Percentage 100%				

Inmate Housing Areas

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2 Sinks and toilets are clean and operational	1	0	0	100%
3 Hot and cold water are available for showering and handwashing	1	0	0	100%
4 A tool such as a restraint cutter, power scissors, or trauma shears are available in the officers station for emergencies related to strangulation/hanging	1	0	0	100%
5 Over-the-counter medications are available and logged	1	0	0	100%
6 Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
7 First-aid kits are present in housing units	1	0	0	100%
Overall Compliance Score 100%				

Pharmacy

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 All narcotics are securely stored and a count is conducted every shift	1	0	0	100%
2 Out-of-date controlled substances are segregated and labeled	1	0	0	100%
3 The institution has an established emergency purchasing system to supply out-of-stock or emergency medication	1	0	0	100%
4 The pharmacy area contains adequate space, security, temperature, and lighting for storage of inventories and work activities	1	0	0	100%
5 Expired, misbranded, damaged or adulterated products are removed and separated from active stock no less than quarterly	1	0	0	100%
6 A check of 10 randomly selected drug items in nursing areas reveals no expired medications	1	0	0	100%
7 There is a stock level perpetual inventory sheet for each pharmaceutical storage area and ordering and stock levels are indicated	1	0	0	100%
Overall Compliance Score 100%				

Psychiatric Restraint

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 There is appropriate restraint equipment for the population in all necessary sizes	1	0	0	100%
2 All equipment is available and in working order	1	0	0	100%
3 All interviewed staff are able to provide instructions on the application of restraints	1	0	0	100%
Overall Compliance Score 100%				

Self-Injury/Suicide Prevention

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The suicide/self-harm observation cells in the infirmary and observation cells in the special housing units are appropriately retrofitted and safe	1	0	0	100%
2	A sufficient number of suicide-resistant mattresses, blankets and privacy wraps are available for each certified cell	1	0	0	100%
Overall Compliance Score 100%					

Mental Health Services

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	Adequate space is available for the mental health department	1	0	0	100%
2	Outpatient group therapy is offered	1	0	0	100%
3	Annual training for psychiatric restraint use provided to staff	0	1	0	0%
Compliance Percentage 67%					

Mental Health Services Discussion:

Screen 3: Per, the Pre-survey Questionnaire completed by ACI staff, mandatory restraint training took place for many medical, dental, and mental health employees. However, security staff is also required to participate in the training and there was no evidence that they were included.

Interview Summaries

INMATE INTERVIEWS

Twelve inmates agreed to participate in interviews with CMA staff. Overall, inmates were familiar with how to access medical, dental, and mental health services and were generally satisfied with the care they received. Most inmates denied difficulties in receiving prescribed medications. They reported that over-the-counter medications were usually available in the dorms. Several inmates complained that they put in sick calls for refills but did not get all the medications requested back. Two inmates reported that they have been waiting for about a year to see the optometrist.

Most inmates on the mental health caseload were satisfied with the care provided and indicated that counseling is helpful in managing their symptoms. Interviewees who had received dental services at the institution were satisfied with their care.

MEDICAL STAFF INTERVIEWS

Three members of the medical team participated in interviews. All were knowledgeable about policies and procedures directing the provision of health care at this institution. Staff was aware of emergency plans and reported that security staff is cooperative and helpful when assistance is required. Interviewees feel that they work well as a team including security and mental health staff. Several staff reported a need for a CNA in the pharmacy and a rolling blood pressure machine for the infirmary.

MENTAL HEALTH STAFF INTERVIEWS

One behavioral health specialist (BHS) provides services to inmates on the mental health caseload. The BHS appeared knowledgeable about the inmates on the caseload, demonstrated good clinical knowledge, and was familiar with policies and procedures related to the accessing of mental health care.

SECURITY STAFF INTERVIEWS

Three correctional officers were interviewed. Security staff appeared knowledgeable about policies pertaining to the sick call process and the accessing of emergency and routine medical care. Security staff was complimentary of medical and feel they work well together.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

Chronic Illness Clinics Review	
Assessment Area	Total Number Finding
Cardiovascular Clinic	0
Endocrine Clinic	1
Gastrointestinal Clinic	0
General Chronic Illness Clinics	0
Immunity Clinic	1
Miscellaneous Clinic	0
Neurology Clinic	0
Oncology Clinic	0
Respiratory Clinic	0
Tuberculosis Clinic	0
Episodic Care Review	
Assessment Area	Total Number Finding
Emergency Care	1
Outpatient Infirmary Care	1
Inpatient Infirmary Care	2
Sick Call	0
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	N/A
Consultations	1
Medical Inmate Request	0
Medical Inmate Grievances	0
Medication and Vaccine Administration	0
Intra-System Transfers	0
Periodic Screening	0
PREA Medical Review	0

Female Preventative Health Screening	N/A
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Dental Review	
Assessment Area	Total Number Finding
Dental Care	0
Dental Systems	0
Institutional Tour	
Assessment Area	Total Number Finding
Physical Health Systems	0
Total Findings	
Total	7

Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	3
Psychiatric Restraints	N/A
Access to Mental Health Services Review	
Assessment Area	Total Number Finding
Use of Force	N/A
Psychological Emergencies	0
Mental Health Grievances	0
Mental Health Inmate Request	0
Special Housing	N/A
Mental Health Services Review	
Assessment Area	Total Number Finding
Inpatient Mental Health Services	N/A
Inpatient Psychotropic Medications	N/A
Outpatient Mental Health Services	0
Outpatient Psychotropic Medications	N/A
Aftercare Planning	N/A

Institutional Tour	
Assessment Area	Total Number Finding
Mental Health Systems	1
Total Findings	
Total	4

All items that scored below 80% or were identified as non-compliant should be addressed through the corrective action process. Within 30 days of receiving the final copy of the CMA’s survey report, institutional staff must develop a corrective action plan (CAP) that addresses the deficiencies outlined in the report and in-service training should be conducted for all applicable findings. The CAP is then submitted to the Office of Health Services (OHS) for approval before it is reviewed and approved by CMA staff. Once approved, institutional staff implement the CAP and work towards correcting the findings.

Usually, four to five months after a CAP is implemented (but no less than three months) the CMA will evaluate the effectiveness of the corrective actions taken. Findings deemed corrected are closed and monitoring is no longer required. Conversely, findings not corrected remain open. Institutional staff will continue to monitor open findings until the next assessment is conducted, typically within three to four months. This process continues until all findings are closed.

Recommendations

In addition to the needed corrective actions described above and based upon the comprehensive review of the physical, mental health, and administrative services at ACI West the CMA makes the following recommendations:

- Ensure that consultation services are provided in a timely manner.
- Ensure that infirmary services are documented per Department policy.
- Ensure that SHOS documentation aligns with Department policy.